

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)**EL 889 534 685 US**
Express Mail Label Number**December 19, 2001**
Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Vanessa Sanchez
(Print Name of Person Mailing Application)

Vanessa Sanchez
(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application by inventor: Laura A. Browning, and entitled:

ENHANCED PKR EXPRESSION AND CYTOKINE PRODUCTION1. **Enclosed are:**

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-39 and
 - ☒ 8 Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)

2. **U.S. Priority**

- ☒ This application claims priority of U.S. Provisional Patent Application Serial No. 60/256,586 filed December 19, 2000, which is incorporated in its entirety herein by reference.
- ☐ A petition for extension of time has been filed in the parent to extend the pendency of the parent to * (copy enclosed).
- ☒ **Conditional Petition for Extension of Time:** An Extension of Time is requested to provide for timely filing *if* required to establish copendency with the parent after all papers filed herewith have been considered.

3. **Foreign Priority**

- ☐ Priority of Application No. _ filed in _ on _ is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$370.00	or		\$740.00
Total Claims	24 - 20	4	4 x \$ 9 =	\$ 36.00	or	x \$ 18 =	\$
Independent Claims	4- 3	1	1 x \$42 =	\$ 42.00	or	x \$ 84 =	\$
<input checked="" type="checkbox"/> Multiple Dependent Claim(s) Presented			+ \$140 =	\$ 00.00	or	+ \$280 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$448.00	or	TOTAL	\$

- ☒ Please charge Deposit Account 50-0665 in the amount of \$448.00.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,



C. Amy Smith
Registration No. 42,931

Date: Dec. 19, 2001

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